10. QUALITY MANAGEMENT

a. What quality assurance programs are in place for ADAP? What are the best practices related to: the distribution of medications; access to medications in accordance with PHS guidelines, conducting chart reviews, credential reviews of medical providers, and assisting with clinical decision making and treatment education and adherence?

Two years ago, DOH supported a review of a sampling of outpatient client medical charts retrospectively (1996-1998) to determine physician prescribing practices and how they relate to PHS guidelines and clinical outcomes. The 1998 data were compared with data collected in 1996 and 1997 and reported in 1998. Basic findings are as follows:

- Approximately 60-70 percent of enrollees were always prescribed regimens based on national guidelines.

- No significant differences in prescribing of guideline-based care were observed across gender, race/ethnicity, or stage of disease.

- Enrollees with both chemical dependency and mental health problems (loosely defined in chart abstraction) were about one third less likely than those with neither to be prescribed guideline-based therapy.

- From 1996 through June 1998, median CD4 counts increased about 30 percent and median viral loads fell by about one log (90%).

A utilization of AIDS inpatient care in Washington State was conducted in 1998 using data collected through the Comprehensive Hospital Abstract Reporting System (CHARS) during 1995-1996, which contains hospital admissions data from all non-military in-patient facilities in Washington State. During this period, the number of AIDS clients admitted to hospitals annually decreased 47 percent and the number of AIDS-related admissions declined 42 percent, despite an overall increase in the number of Washington State residents living with reportable AIDS conditions.

Data on HIV-related charges were also obtained for 1995–1999 from CHARS. The number of hospitalizations and the number of persons hospitalized with HIV-indicator conditions declined during this period by 56 percent and 53 percent respectively. The mean number of admissions per patient (1.5 in 1999) and the average length of hospitalization per admission (6.7 days, median 4 days in 1999) have not significantly changed since 1995. However, there was a significant increase in the percentage of persons

with HIV infection admitted through the emergency room, from 40 percent in 1995 to 54 percent in 1999. Our analysis demonstrates that the total charges incurred for hospitalizations decreased from $14.7 million in 1995 to $7.6 million in 1998. However, total charges increased sharply to $9.5 million in 1999, reversing the previously observed downward trend. This trend may have serious implications for future financing of HIV care in Washington State given the projected instability in long-term support available for Medicare and Medicaid; these issues continue to warrant ongoing monitoring and consideration by health and policy planners.

In the last year, DOH has started to support the services of a part-time consultant physician to advise on ADAP formulary additions/deletions and monitor ADAP data to identify trends and advise on corrective action. Additionally, DOH has recently changed pharmacy benefit managers and now works with Ramsell, a PBM that has been providing some quality management services for the California ADAP. The following chart provides a thumbnail sketch of quality management program components we are implementing or have plans to implement in FY 2002:

Planned HIV EIP Quality Management Program

Strategy	**Responsibility**	**Implementation**	**Process Indicator**
Review EIP utilization data and identify concerning trends in service delivery	Clinical consultant	Information and education efforts with providers as needed	Designed to fit situation
Review EIP utilization data and look for specific instances of potential low quality care (data source-billings for visits, lab reports, etc.)	Clinical consultant	One-on-one informational/educational sessions with providers	Monitor repetition
Place computer edits in the pharmacy billing system to ID drugs that may have been inappropriately prescribed.	PBM	PBM pharmacist follows up with provider as needed	Report generated to DOH. PBM or DOH monitors repetition (specifics to be worked out)
ID instances where pharmacy fill data indicate low adherence	PBM	PBM pharmacist followsup with provider as needed	Report generated to DOH. PBM or DOH monitors repetition (specifics to be worked out)
Monitor for appropriate drug combinations	PBM	Possible research option!	TBD, if implemented

Strategy	Responsibility	Implementation	Process Indicator
Inform all EIP providers about education and consultation services available through AETC	Clinical consultant and medical provider outreach specialist	As needed	Referrals

Credential review of providers is not planned.

b. How will the quality management program identify and remove barriers to access of medications, identify hard to reach populations and bring them into care, conduct chart reviews and resolve access concerns of rural populations?

In the last six months of FY 2001, DOH is directing carryover flexibility funds to the Title II consortia to reach HIV-infected persons and enroll them in ADAP. (See FY 2000 carryover request for a more detailed explanation of this process.) Each consortium has identified difficult-to-reach underserved populations in their communities and is using different outreach methods to bring them into care. The measure of success will be increased enrollment in the ADAP.

Additionally, our medical provider outreach specialist is targeting providers to inform them or update them about our EIP services. Initially, she will focus on Pierce County, the same county that is implementing the CBC/MAI outreach project. It is hoped that these two initiatives will provide mutual reinforcement and result in a high rate of ADAP enrollment for Pierce County. We also hope that the work of our clinical consultant and the AETC specialist with providers will enhance the work that consortia are doing in their communities to bring difficult to reach clients, including those in rural areas, into care.

c. How will the ADAP quality management program complement the overall Title II quality management program? How will the ADAP coordinate with the other Ryan White programs in the state?

The overall Title II quality management program is looking at outcome and output measures that will indicate the health status of HIV/AIDS clients residing in the state as well as at process indicators that identify type/number of services received and the demographics of those receiving these services. Additionally, ADAP quality management includes strategies to measure compliance with public health standards and methods to follow up when compliance is poor.

Please refer to sections a. and b. immediately above this section for information on coordination with other Ryan White programs within the state.

d. How will the program collect necessary data and monitor the quality management outcomes, and how will this information be used in future planning?

See chart under section a (above). Quality management data will be used by the Early Intervention Steering Committee to determine past successes and to plan for the future.

e. What is the ADAP grievance procedure from receipt to disposition and how are new clients made aware of the process?

(i) Reference to State Law

Applicants and clients may appeal any decision by the Department about their EIP eligibility or coverage.

- Chapter 246-10 WAC details the adjudicated proceeding for matters involving receipt of benefits. The Department will provide information on the cause for denied benefits, how a proceeding may be requested, the forms necessary to request a proceeding and information on required time frames.
- Applicants and clients may not appeal the department's denial or limitations when the department closes or limits an EIP service due to funding availability. See WAC 246-130-030 (3) for more details.
- Rate and payment disputes between providers and the department are handled by contract.
- Clients of any other public agency must use that agency's process to resolve eligibility or other disputes regarding that agency. MAA's Fair Hearings process is described in chapter 388-08 WAC.

(ii) Grievance Procedures

A client or case manager (representing the client) may submit a written appeal to decisions made by EIP regarding client eligibility. If a case manager submits a written grievance, the client must sign the grievance.

> **Informal Procedure:** If a client disagrees with an EIP decision regarding a client's eligibility or coverage, the client may contact a CSR by telephone to discuss the complaint or disagreement. The CSR will review the client's situation with the lead CSR and the EIP manager. The CSR will subsequently call the client with a response, within five business days from the receipt of the client's phone call.

If a client is not satisfied with the CSR's response to the complaint, the client will be advised to follow the formal grievance procedure as noted below. (Grievances received by *email* will be considered informal.)

Formal Procedure: If a client has a problem that cannot be resolved informally, then the client should submit his/her concerns in writing to the EIP Manager at Department of Health, Client Services, P.O. Box 47841, Olympia, WA 98504-7841. The EIP manager will review and respond to a client's grievance, in writing, within 15 business days of receipt.

Finally, if a client is not satisfied with the written response from the EIP manager, the client may then submit a written grievance to the Adjudicative Clerk Office, 2413 Pacific Avenue, P.O. Box 47879, Olympia, WA 98504-7879

(iii) Notice of Grievance Procedure to Clients: In the first letter to a client regarding eligibility status, clients are told what to do if they want to appeal any decision made by DOH related to EIP eligibility or coverage.

11. REPORTING

a. What is the date the ADAP expects to complete and submit all final monthly reporting data for FY 2001?

May 10, 2002

b. What is the date the ADAP expects to complete and submit all final quarterly drug pricing data for FY 2001?

July 10, 2002